



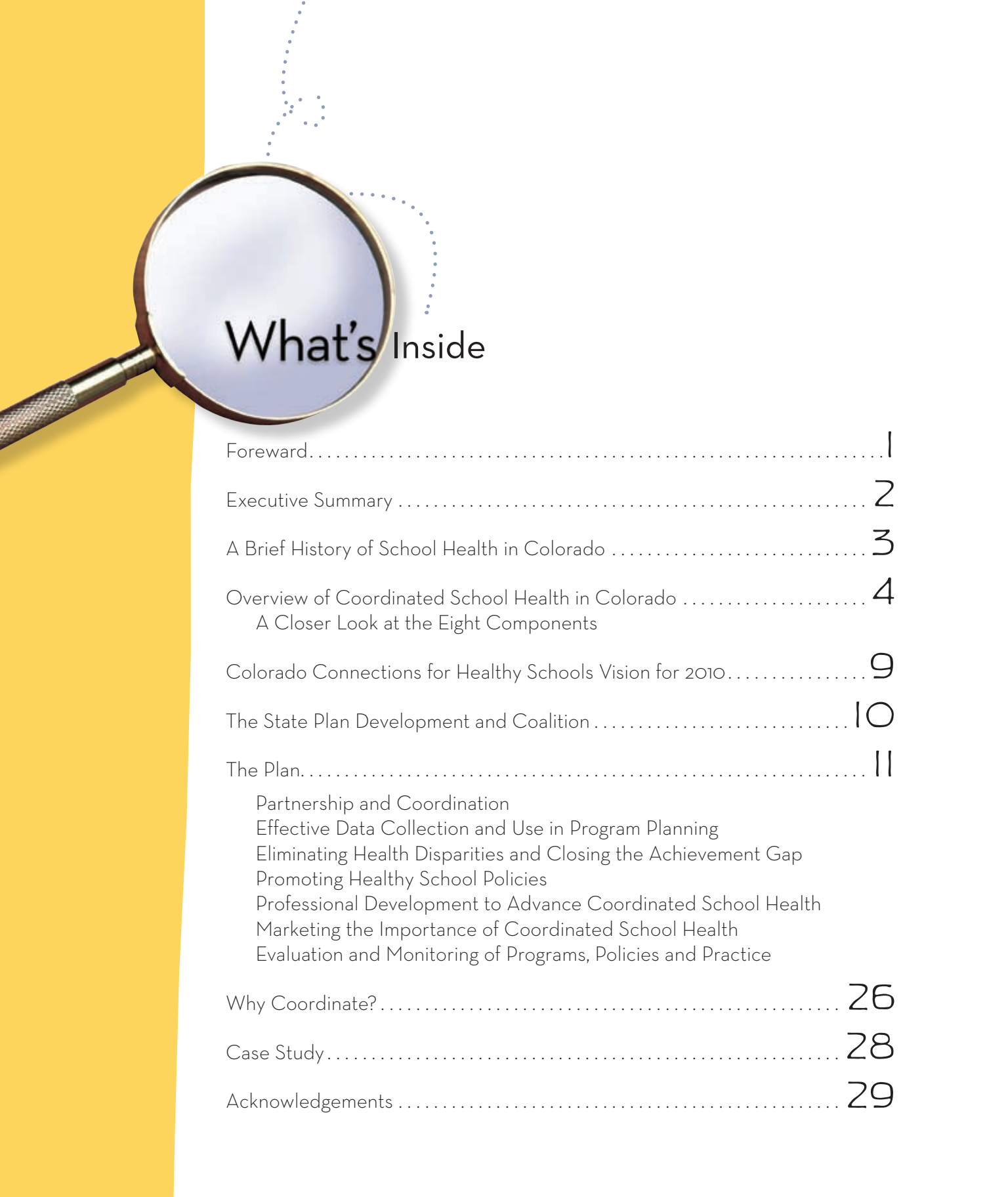
COLORADO
CONNECTIONS
for
Healthy Schools



2005

Making the Connection Between Health and Learning

A 2010 State Plan for Coordinated School Health
Prepared by the Interagency School Health Team



What's Inside

Foreward.....	1
Executive Summary	2
A Brief History of School Health in Colorado	3
Overview of Coordinated School Health in Colorado	4
A Closer Look at the Eight Components	
Colorado Connections for Healthy Schools Vision for 2010.....	9
The State Plan Development and Coalition	10
The Plan.....	11
Partnership and Coordination	
Effective Data Collection and Use in Program Planning	
Eliminating Health Disparities and Closing the Achievement Gap	
Promoting Healthy School Policies	
Professional Development to Advance Coordinated School Health	
Marketing the Importance of Coordinated School Health	
Evaluation and Monitoring of Programs, Policies and Practice	
Why Coordinate?.....	26
Case Study.....	28
Acknowledgements	29

Foreward

We are pleased to present *Colorado Connections for Healthy Schools: A 2010 State Plan for Coordinated School Health*. This energetic vision is the result of a broad-scale, two-year collaborative effort between the Colorado Department of Education and the Colorado Department of Public Health and Environment. It was developed in collaboration with a diverse group of individuals ranging in age from 12 to 80 and representing all areas of our state. With input from more than 800 educators, health professionals, parents, students, community agency representatives, business representatives and policy makers, a vision for “Bold Action Steps” necessary at both the community and state levels emerged to advance seven infrastructure goals for coordinated school health in Colorado:

- Partnership and Coordination
- Effective Data Collection and Use for Program Planning
- Eliminating Health Disparities and Closing the Achievement Gap
- Promotion of Healthy School Policy
- Professional Development to Advance Coordinated School Health Programs
- Marketing the Importance of Coordinated School Health Programs
- Evaluation and Monitoring of Programs, Policies and Practice

These infrastructure foundations are intended to support and guide a statewide movement in support of coordinated school health programs. No one group can do this alone. Our strength will continue to be found in our collaborative efforts to promote healthy lifestyles for our children and youth. The time

has come to mobilize our resources, to assure that every child in every grade in every school district is healthy and ready to learn. This infrastructure vision provides a blueprint for action at both the community and state levels, with a role for all persons.

Imagine a day in Colorado when every child has three nutritious meals a day, a regular physical activity program, annual classroom education on health topics, such as smoking and other drug use, and a safe and healthy school environment. This document provides a beginning to make that day a reality.

We invite you to share this plan with others in your community and to become part of a statewide movement to coordinate programs, funding and messages that enhance the health of our children and youth. Together, we are Colorado Connections for Healthy Schools!

*The Interagency School Health Team
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Executive Summary

COLORADO CONNECTIONS FOR HEALTHY SCHOOLS: A VISION FOR 2010

Colorado has a long history of supporting school health programs. State and local partners have collaborated on numerous initiatives, projects and coalitions. Today, as Colorado Connections for Healthy Schools, we are stronger than ever through interagency coordination and a statewide coalition that supports the coordinated school health model. From the beginning, a core belief among our partners has been that “healthy students are better learners.” The positive links between health and education are clear in research and experience, and Colorado Connections for Healthy Schools is committed to translating the research into reality.

Colorado Connections for Healthy Schools’ Vision:

All school-aged children and youth in Colorado will be healthy and learn at their full potential

Colorado Connections for Healthy Schools’ Goals:

Goal 1 — Partnership and Coordination: Build successful working relationships among state agencies, state education and health organizations and local schools and agencies that yield shared goals, projects and resources

Goal 2 — Effective Data Collection and Use for Program Planning: Collect data on youth risk behaviors and school health programs at regular intervals for use in making program decisions at the state and local levels

Goal 3 — Eliminating Health Disparities and Closing the Achievement Gap: Craft and implement school health strategies targeted

toward youth at highest risk for poor health outcomes and educational failure

Goal 4 — Promotion of Healthy School Policy: Adopt state and local laws, policies, regulations and procedures that support coordinated school health efforts

Goal 5 — Professional Development: Offer professional development opportunities for school health stakeholders at the state and local levels

Goal 6 — Marketing the Importance of Coordinated School Health: Engage education and health professionals, at all levels, to actively support school health efforts

Goal 7 — Evaluation and Monitoring of Programs, Policies and Practice: Establish an ongoing systematic method of collecting process and impact evaluation data on school health efforts for use in guiding program decisions

The “Goals” and accompanying “Bold Action Steps” were identified and prioritized through a statewide needs assessment that included:

- Interviews with key informants on coordinated school health priorities
- Online surveys to identify needs and wishes for healthy students and schools
- A strategic planning day to identify “Bold Steps”
- Online prioritization voting on draft of “Bold Steps”
- Public comment period



School Health in Colorado—A Brief History



1912

- Dental clinic established at Morey Middle School in Denver

1950s

- Traditional school health services provided in schools
- School nurses used screening model and first aid
- School districts contracted with public health agencies to provide school nursing
- Mildred Doster, a physician for Denver Public Schools, laid groundwork for value of health education in addition to health services

1960s

- Three-tiered school health model promoted in schools, included:
 - Health services
 - Health education
 - Healthy environment

1970s

- Colorado Department of Education (CDE) hired first health education consultant
- Colorado School Health Council was formed for school nurses and health educators
- School health education was based on the “Berkeley Model”
- Office of School Health at the University of Colorado Health Sciences Center trained school nurse practitioners
- First school-based health center opened in Commerce City (1975)

1980s

- First adolescent health report unveiled, which included a recommendation for comprehensive K-12 health education (1982)

- First rural school-based health centers opened in the San Luis Valley

- Safe and Drug Free Schools and Communities legislation (1986)

- First two school-based health centers opened in Denver (1988)

- Colorado Adolescent Project awarded for comprehensive health center and a comprehensive approach to addressing adolescent health needs in schools

- Rocky Mountain Center for Health Promotion and Education founded and funded partially by Maternal and Child Health

1990s

- Colorado Trust provided funding for comprehensive health education and teen pregnancy prevention programs for a five-year period

- Fluoride rinse programs throughout state were administered by the Colorado Department of Public Health and Environment (CDPHE)

- First Youth Risk Behaviors Survey (YRBS)

- Comprehensive Health Education Act of 1990 provided funding to schools

- CDPHE received “Making the Grade” grant for school-based health centers

- Colorado team went to West Virginia to vie for first CDC infrastructure grant (1994)

- Colorado Connection for Healthy Kids coalition formed after statewide summit to support comprehensive health and coordinated school health (1995)

- Tobacco-Free Schools law passed

- Abstinence education Title V federal program started as part of Welfare Reform (1996)

- Tobacco-Free Schools law revised (1998)

- Revision of school health services guidelines (1999)

2000s

- HB 00-1342 (Interagency Coordination) created state mandate to coordinate all prevention programs for children and youth (2000)

- Formal Prevention Leadership Council formed (2001)

- Tobacco Master Settlement Agreement funds distributed in Colorado

- School nurse orientation conference started

- First Youth Tobacco Survey

- School based sealant program(s) in Metro Denver Schools (2002)
 - “Chopper Topper” sponsored by KIND

- CDE received the CDC “Improving the Health, Education and Well-Being of Young People” infrastructure grant (2003)

- Interagency School Health Team formed

- State tobacco plan developed

- Miles for Smiles Mobile dental van on Western Slope parked at schools, sponsored by KIND

- School Nurse Mentor program started (2004)

- Public health agencies provided \$10,000 planning grants to assist three coordinated school health pilot programs to promote and develop the coordinated school health model

- CDPHE received the “Enhancing state capacity to address child and adolescent health through violence prevention” (CDC) grant and coordinated with Interagency School Health Team (2004-2006)

OVERVIEW:

Coordinated School Health in Colorado

Coordinated school health is a systemic approach within schools to coordinate eight health-related components aimed at improving both the health and educational outcomes of students. School health teams, with members representing each of the eight components are currently being formed throughout Colorado. In partnership with their local community-based health advisory committees, these teams are implementing programs, developing health-promoting messages, establishing policies and coordinating resources to maximize efforts on behalf of students.

Why is it effective?

In 1988, the concept of coordinated school health was first articulated by the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC/DASH). Since then, this concept has been replicated and refined with increasing success in schools across the country. Participating schools have realized important benefits from coordinating health and prevention efforts through school health teams and local advisory councils, resulting in improved health and educational outcomes.

Overall Benefits of a Coordinated School Health Program

Students

- Improve student performance and test scores
- Decrease risky behaviors
- Reduce drop out rates
- Less absenteeism
- Less fighting
- Improve rates of physical activity

Schools

- Save money
- Reduce duplication
- Reduce absenteeism

- Improve staff morale
- Support teacher teamwork

The Eight Components of Coordinated School Health



A Closer Look at the Eight Components

Comprehensive School Education

Essential functions of comprehensive school health education:

- Curriculum selection and development
- The use of standards-based health curriculum
- Attention to curriculum scope and sequence
- Assess students' level of achievement
- Implement curriculum in classrooms
- Provide for support from school board, administrators and families
- Incorporate within the overall school curriculum
- Provide professional development opportunities

Facts about comprehensive school health education:

- Students who participate in health education classes that use effective curricula increase their health knowledge and improve their health skills and behaviors.ⁱ
- Students who participate in health education classes that use effective curricula decrease risky behaviors relative to the program.^{ii, iii}
- Reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive comprehensive health education.^{iv}
- Comprehensive health education and social skills programs for high-risk students will improve school and test performance, attendance and school connectedness. And this success was still apparent six years later.^v

Physical Education

According to the National Association for Sport and Physical Education, physical education should produce students who can:

- Demonstrate competency in many movement forms and proficiency in a few
- Apply movement concepts and principles to the learning and development of motor skills
- Exhibit a physically active lifestyle
- Achieve and maintain a health-enhancing level of physical fitness
- Demonstrate responsible personal and social behavior in physical activity settings
- Demonstrate understanding and respect for differences among people in physical activity settings
- Understand that participation in physical activity provides opportunities for enjoyment, challenge, self-expression and social interaction

Facts about physical education:

- Students with poor nutrition and low levels of physical activity are more likely to be absent and tardy.
- Higher achievement was associated with higher levels of fitness among 5th, 7th & 9th graders.^{vi}
- Schools that offer intensive physical activity programs see positive effects on academic achievement even when time for physical education is taken from the academic day, including:
 - Increased concentration
 - Improved mathematics, reading and writing scores
 - Reduced disruptive behaviors^{vii}
- Physical activity among adolescents is consistently related to higher levels of self-esteem and lower levels of anxiety and stress.^{viii}
- Physical activity is positively associated with academic performance.^{ix}
- Students who participated in school physical education programs did not experience a harmful effect on their standardized test scores, though less time was available for other academic subjects.^{x, xi}



OVERVIEW: A Closer Look at the Eight Components

School Health Services

Essential elements of school health services:

- Screening, diagnostic, treatment and health counseling services
- Urgent and emergency care
- Timely identification of and appropriate interventions for health problems
- Mandated and necessary screenings for all students
- Assistance with medication during the school day
- Health services for children with special health needs
- Health counseling
- Health promotion, prevention education and preventive services
- Referrals to and linkages with other community providers

Facts about school health services:

- Preventive health services provided through schools, coupled with health education and counseling that promote healthy lifestyles and self-sufficiency, can help contain health care costs.^{xii}
- Schools with school-based health centers report:
 - Increased school attendance
 - Decreased drop-outs and suspensions
 - Higher graduation rates^{xiii, xiv}

School Nutrition Services

Essential components of school nutrition services are to provide:

- Access to a variety of nutritious, culturally appropriate foods that promote growth and development, pleasure in healthy eating and long-term health

- Nutrition education that empowers students to select and enjoy healthy food and physical activity
- Screening, assessment, counseling and referral for nutrition problems and the provision of modified meals for students with special needs

Facts about school nutrition services:

Poor nutrition decreases cognitive functioning and performance in the areas of language, concentration and attention.

- Students who eat breakfast perform better on standardized tests.
- There is a 20 percent increase in type II diabetes among school-aged youth.
- Students who regularly attend school breakfast programs perform better, have fewer psychosocial symptoms, less hyperactivity and better daily attendance.^{vi, xv}

School breakfast programs:

- Increase learning and academic achievement
- Improve student attention to academic tasks
- Reduce visits to the school nurse
- Decrease behavioral problems^{vii}
- Positively impact academic performance, absenteeism and tardiness among low-income elementary school students^{xvi}



School Counseling, Psychological and Social Services

Essential functions of school counseling, psychological and social services are:

- Direct services and instruction
- Developing systems, programs, services and resources
- Connecting school and community resources

Facts about school counseling, psychological and social services:

- Most school administrators, board members, teachers, parents and students realize that for students to benefit from their school, society must address social, emotional and physical health problems and other major barriers to learning.^{xvii}
- School-based mental health services, with the involvement and support of families and educators, improve educational outcomes by addressing behavioral and emotional issues and other barriers to learning.
- Youth receiving mental health services have experienced decreases in course failures, absences, disciplinary referrals and improved grade point averages.
- Children who participated in social service interventions aimed at promoting student success by improving parent-child and parent-teacher communication resulted in improved academic performance.^{xviii}

Healthy School Environment

Essential functions of a healthy school environment:

- Minimize distractions
- Minimize physical, psychological and social hazards
- Create a climate in which students and school staff do their best work
- Expect that all students can succeed
- Implement supportive policies

Facts about a healthy school environment:

- The physical condition of a school is statistically related to student academic achievement.^{xx}
- An improvement in the school's condition by one category, say from poor to fair, is associated with a 5.5-point improvement in average achievement scores.

Students who develop a positive affiliation or social bonding with school are:

- More likely to remain academically engaged
- Less likely to be involved with misconduct at school^{xx}

School Site Health Promotion for Staff

Staff wellness programs typically involve one or more of the following activities:

- Screening
- Education and supportive activities to reduce risk factors
- Organizational policies that promote a healthful and psychologically supportive work environment
- An integrated employee assistance program
- Employee health care, including health insurance, managed care organizations and access to school health services

Facts about staff wellness programs:

Teachers who participated in a health promotion program focusing on exercise, stress management, and nutrition reported:

- Increased participation in exercise and lower weight
- Better ability to handle job stress
- A higher level of general well-being^{xxi}



Students benefit from having healthy teachers because:

- Teachers are more energetic.
- Teachers are absent less often.
- The school climate is more optimistic.^{xxii}
- A healthy staff does a better job of teaching and creates a better working and learning environment.
- Health promotion for staff influences productivity and absenteeism, and might even reduce health insurance costs (based on findings from other worksite initiatives).
- It also influences morale and a greater personal commitment to the school's coordinated health program, which is transferred into student enthusiasm.^{xxiii}

School worksite programs have brought about changes in employee health including helping faculty and staff stop smoking, adopt healthful eating behaviors, increase physical activity and better manage emotional stress.^{xxiv}

Family and Community Involvement in School Health Education

Essential functions of family and community involvement in school health:

- Provide time, experience and resources
- Support student involvement in activities that support health
- Ensure that students and their families receive needed health services
- Plan jointly to develop relevant and appropriate messages and services

- Deliver clear, consistent messages that support health; include high but attainable expectations and offer appropriate role modeling
- Share facilities and encourage participation by all individuals and groups

Facts about family and community involvement in school health:

Schools that collaborate with students' families, local businesses, community organizations and health services see:

- Improved classroom behavior
- Increased PTA membership
- Improved family functioning^{xxv}

Students whose parents are involved in their education show:

- Significantly greater achievement gains in reading and math than students with uninvolved parents
- Better attendance
- More consistently completed homework^{xxvi, xxvii}

Community activities that link to the classroom:

- Positively impact academic achievement
- Reduce school suspension rates
- Improve school-related behaviors^{xxviii, xxix}



In 2003, building on a solid history of school health, the Colorado Department of Education was awarded a Coordinated School Health Infrastructure Grant from CDC/DASH. The intent was to support state education and health agencies in restructuring their resources and services to assist schools and school districts in fostering the health, education and well-being of Colorado's school-aged children and youth.

On April 16, 2003, the Colorado Departments of Education and Public Health and Environment convened a group of 21 professional staff, representing more than 30 health and education programs directed at schools and school-aged youth, to create a team as the fulcrum for coordination.

A consensus belief of the Interagency School Health Team has been that healthy students are better learners. The positive links between health and education are clear in research, and the Interagency School Health Team committed to translate the research into reality.

Colorado Connections for Healthy Schools' Vision:

All school-aged children and youth in Colorado will be healthy and learn at their full potential

Colorado Connections for Healthy Schools' Goals:

Goal 1 — Partnership and Coordination: Build successful working relationships among state agencies, state education and health organizations and local schools and agencies that yield shared goals, projects and resources

Goal 2 — Effective Data Collection and Use for Program Planning: Collect data on youth risk

behaviors and school health programs at regular intervals for use in making program decisions at the state and local levels

Goal 3 — Eliminating Health Disparities and Closing the Achievement Gap: Craft and implement school health strategies targeted toward youth at highest risk for poor health outcomes and educational failure

Goal 4 — Promotion of Healthy School Policy: Adopt state and local laws, policies, regulations and procedures that support coordinated school health efforts

Goal 5 — Professional Development: Offer professional development opportunities for school health stakeholders at the state and local levels

Goal 6 — Marketing the Importance of Coordinated School Health: Engage education and health professionals, at all levels, to actively support school health efforts

Goal 7 — Evaluation and Monitoring of Programs, Policies and Practice: Establish an ongoing systematic method of collecting process and impact evaluation data on school health efforts for use in guiding program decisions



The State Plan Development and Coalition

Colorado Connections for Healthy Schools: A 2010 State Plan for Coordinated School Health addresses each infrastructure goal through “Bold Action Steps” for both the state and local levels. “Indicators of Success” reflect the anticipated results of coordination and improved health and educational outcomes.

Needs Assessment

The “Bold Action Steps” are the result of broad input from a wide variety of constituencies. Methods for gathering input included:

- Interviews with key informants on coordinated school health priorities
- Online surveys to identify needs and wishes for healthy students and schools
- A strategic planning day to identify “Bold Steps”
- Online prioritization voting on draft of “Bold Steps”
- Public comment period

Critical Elements

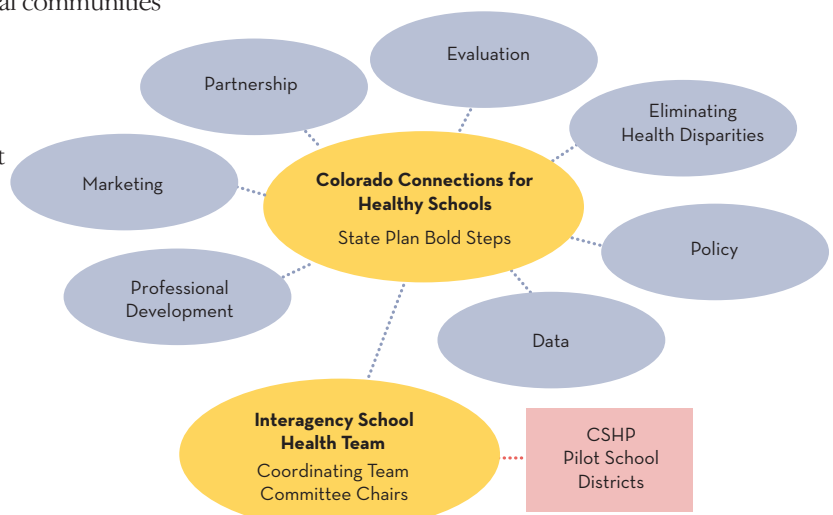
As “Bold Steps” for state and local action emerged from the input of various groups, some common threads surfaced. These can be found woven into the goals, action steps and indicators of success, and are advanced as recommendations to local communities interested in improving student health and well-being.

1. Create and maintain a dynamic local health advisory council that includes educators, community agencies, parents and youth to promote coordination
2. Identify and support a school health coordinator position in each school district

3. Create opportunities for meaningful student involvement in all aspects of coordinated school health
4. Implement and evaluate research-based best practices and policies; disseminate results broadly within the school and community
5. Educate and engage champions such as legislators, school board members, advocacy groups and community members in active support for coordinated school health
6. Use local data to identify health and academic disparities in the local community and to design programs
7. Support ongoing evaluation efforts to monitor and improve programs

Vision for School Health in 2010

Colorado Connections for Healthy Schools: A 2010 State Plan for a Coordinated School Health is a blueprint for action. At the state level, a coalition in support of coordinated school health programs will carry out the state’s “Bold Steps.” At the local level, school district health advisory councils will address the local “Bold Steps.”





THE PLAN

Partnership and Coordination

Partnership and coordination form the foundation of a successful school health program. Strong partnerships “mesh” resources and messages and lend strength and momentum to an initiative that would be absent when one individual or group tries to “go it alone.” Coordination expands the potential for improving student health, reduces duplicative effort and can more effectively achieve positive health and education outcomes for Colorado’s students.

Whether state or local, successful partnerships and coordination can result in seamless programs and services that blend school health and prevention activities to support school academic priorities.



GOAL:

Build successful working relationships among state agencies, state education and health organizations and local schools and agencies that yield shared goals, projects and resources

Local Bold Steps

By 2010, local school districts will:

- 1 Communicate the value of coordinated school health to parents, students and the community at large
- 2 Build community-level school health coalitions that involve parents, students and local agencies in action to improve school health
- 3 Establish a coordinated system within the schools for improving student health that is closely allied with community resources
- 4 Involve local boards of education in supporting coordinated school health policies and programs
- 5 Enlist support for school health from local and state elected and appointed policy makers

State Bold Steps

By 2010, state partners will:

- 1 Coordinate state-level school health efforts, including funding streams and grants, training and monitoring and reporting requirements
- 2 Convene a coalition of state and local stakeholders to direct momentum and manpower toward common goals for school health
- 3 Ally with policy makers, the media and other leaders to advance coordinated school health
- 4 Identify, collect and disseminate successful approaches for partnership and coordination in toolkits and materials for use by local communities
- 5 Establish and maintain electronic communication channels that inform state and local partners about events, funding and resources

Indicators of Success—by 2010:

- There will be a 50percent increase in the number of schools and communities that have active school health councils in place to support a coordinated approach to school health
- There will be routine and systematic cooperation and collaboration among school health staff, state agencies and other stakeholders in the public and private sectors
- The Interagency School Health Team will be sustained as a vehicle for state-level interagency coordination
- There will be formal and informal mechanisms for effective two-way communication between state-level coordinated school health staff, schools and school districts and communities



Effective Data Collection and Use in Program Planning

Data on student health and behavior is the basic building block for perceiving need and serves program planners by identifying subgroups of students most at risk for threats to health.

Data on health needs are critical in moving groups of people toward consensus about the need for action and in determining strategies as well as where to apply resources to positively impact student health. A carefully conducted assessment of need, at the state or local level, may provide just the impetus needed by decision makers to move forward.

State agencies and local communities both have roles in effective data collection. The state must make data collection easy and its use accessible and reliable. Local communities and schools must participate as partners with the state in the collection of data and use it faithfully in program planning and evaluation.



GOAL:

Collect data on youth risk behaviors and school health programs at regular intervals to be used to make program decisions at the state and local levels

Local Bold Steps

By 2010, local school districts will:

- 1 Participate in local surveys and the biennial administration of the statewide Colorado Youth Risk Behavior Survey — both important sources of information for a picture of student health and well-being
- 2 Maintain a health advisory council of educators, community agencies, parents and youth to use health and academic data in program planning
- 3 Disseminate data on student needs — in layman’s terms — to the general public to mobilize parents, students, educators and the business and non-profit sectors
- 4 Use research-based best practices to address the student health needs identified through a needs assessment
- 5 Use data to evaluate health programs and disseminate the results within the school and community

State Bold Steps

By 2010, state partners will:

- 1 Coordinate state youth behavior surveys to minimize local effort and, with data, present a representative picture of student health for the state
- 2 Monitor trends in student health status to support program planning and evaluation
- 3 Assist school districts in using data to identify health disparities among their students
- 4 Provide methods for local dissemination of data in easy-to use toolkits designed to raise community awareness and mobilize action
- 5 Offer information and resources on research-based best practices and program models that effectively address student health, risky behavior and academic needs

Indicators of Success—by 2010:

- Local schools will routinely contribute to the collection of data that is representative of the health needs of the K-12 student population, specifically by participating in the statewide Colorado Youth Risk Behavior Survey
- All school districts will regularly collect local data on student health needs and use the data for planning and implementing health programs and services
- State agencies will coordinate data collection efforts to provide a complete picture of the health needs of Colorado’s K-12 student population
- Create an information platform for sharing statewide data on student health needs that is capable of drawing correlations between health and education outcomes

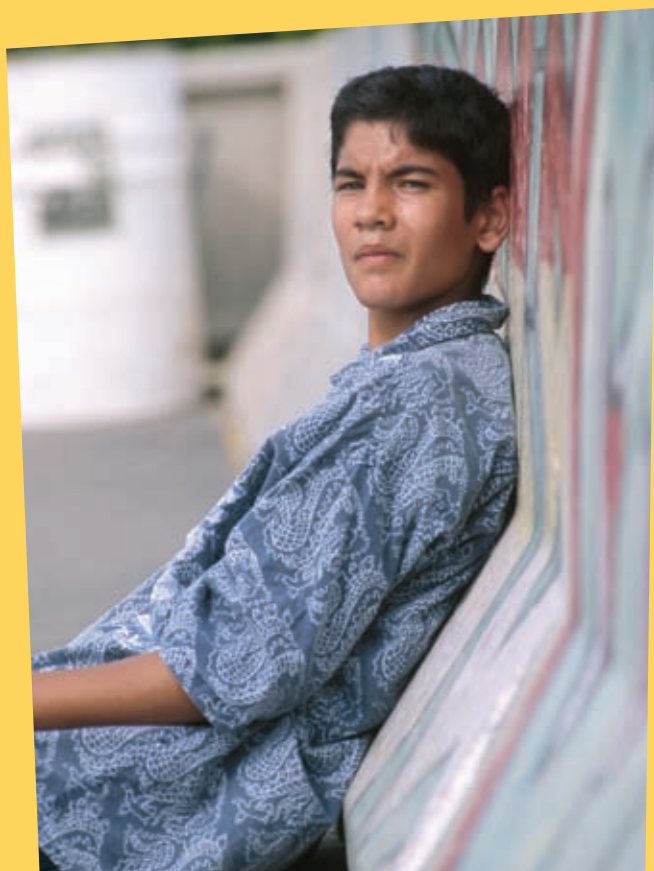


Eliminating Health Disparities and Closing the Achievement Gap

African Americans may be at greater risk of heart disease than other ethnic groups. White male teens may be at greater risk for suicide. Rural teens may be more likely to abuse alcohol. Female teens may be more likely to smoke. Inner city teens may have more exposure to violence. These examples of health disparities demonstrate cases in which a particular subgroup is at greater risk for a health problem.

To achieve results with school health programs, it is critical to identify and involve at-risk students in tailoring appropriate interventions that address their needs.

There is no magic in this approach. It requires thoughtful, focused attention on the needs of students and the barriers to learning they face, as individuals and as a group, and focusing adequate resources.



GOAL:

Craft and implement school health strategies targeted at youth at highest risk for poor health outcomes and educational failure

Local Bold Steps

By 2010, local school districts will:

- 1 Identify students at-risk for health and academic disparities and plan programs to address their needs
- 2 Involve at-risk students and their parents in program planning and implementation
- 3 Coordinate or provide services for at-risk students such as direct health, mental health, outreach and follow-up services
- 4 Assure that programs for at-risk students are culturally competent, with bilingual staff; recruit and hire staff from diverse racial/ethnic and cultural backgrounds
- 5 Access training in best practices for classroom teachers that work with at-risk students

State Bold Steps

By 2010, state partners will:

- 1 Investigate root social causes of health disparities among school-aged youth and take a comprehensive, systemic approach to their elimination
- 2 Provide evidence-based strategies to reach and teach students most at risk
- 3 Recruit, mentor and encourage professionals from diverse racial/ethnic and cultural backgrounds to work in school health
- 4 Designate and support a culturally competent leadership entity to coordinate long-term statewide advocacy for at-risk students
- 5 Coordinate with state and federal agencies and programs that target efforts to reduce health and academic disparities

Indicators of Success—by 2010:

- Rates of health risk-taking behavior, drop out and achievement on standardized tests among youth of color will be equal to or lower than the rates among Caucasian youth
- Colorado's health and health education workforce will proportionately reflect the diversity of Colorado communities
- Increase the proportion of school health and education professionals that have received annual cultural competency training by 25 percent
- Expand the number of coordinated school health programs in local school districts with high proportions of racial and ethnic minority students and students eligible for free and reduced cost school lunch by 25 percent



Promoting Healthy School Policies

All the dedication and hard work of a school health team to put in place programs and practices that make a difference for students can be lost when one key individual leaves the school. This scenario is repeated often in Colorado schools.

Setting into place policies that support healthy school practices and student behavior can be a critical step in achieving sustainability. Policies on school health reflect the intent and commitment of school leaders and the community to create healthy environments that support student health.

Crafting, promoting, implementing and revising effective school health policies is not a static process. Research and technology continue to move forward and community cultures change as they learn more about how to assure the health of students.



GOAL:

Adopt state and local laws, policies, regulations and procedures that support coordinated school health efforts

Local Bold Steps

By 2010, local school districts will:

- 1 Adopt policies, standards and graduation requirements that improve such program areas as health education, physical education and nutrition
- 2 Engage local board of education members in supporting improvement of school health policies and practices
- 3 Set up systems for conducting a periodic, comprehensive audit of local school health policies
- 4 Mobilize grassroots support for effective school health policies
- 5 Evaluate and document the impact of local health policies; assist the state in identifying promising practices

State Bold Steps

By 2010, state partners will:

- 1 Create a five-year policy agenda for addressing emerging student health needs
- 2 Promote state policies that empower local schools to implement supportive policies
- 3 Establish statewide health education standards
- 4 Establish a minimum number of student instruction hours for health education and physical education
- 5 Identify and disseminate resources, toolkits and sample policies for local use

Indicators of Success—by 2010:

- Increase the proportion of Colorado public primary and secondary schools that have policies on school nutrition, health education, healthy school environments and physical education
- Articulate and implement a broad-based coordinated school health policy agenda that involves state and local policy-makers, local school boards and parent and community groups
- Expand by 50 percent the number of active coordinated school health programs operating in local school districts that have a district-level health coordinator
- Advance at least five new state policies and legislative actions that support the principles of coordinated school health
- Increase the proportion of schools that provide research-based K-12 comprehensive school health education



Professional Development to Advance Coordinated School Health

There is no more important step than professional development for teachers, staff, parents and community members to ensure that students receive high quality, current best practices in both health curriculum and programs that are implemented with fidelity. State and local education institutions both have a role in assuring that professional development in school health topics and prevention strategies is well resourced and accessible.



GOAL:

Offer professional development opportunities for all school health stakeholders at the state and local levels

Local Bold Steps

By 2010, local school districts will:

- 1 Establish a plan for professional development that is based on local coordinated school health program needs
- 2 Adopt minimum professional development requirements tied to evidenced-based curricula and incorporating academic health education standards
- 3 Create an annual resource allocation for professional development in school health
- 4 Coordinate with community agencies and resources to strengthen professional development for school staff
- 5 Offer training on coordinated school health to school staff, parents, students and community members

State Bold Steps

By 2010, state partners will:

- 1 Establish and publish a state plan for professional development that supports the eight coordinated school health components
- 2 Coordinate state-level professional development efforts on prevention, school health and working with at-risk youth
- 3 Require all health teachers to be trained on health education standards
- 4 Create professional development for school staff that incorporates best practices standards for health education
- 5 Provide incentives to local school districts to offer school health training for staff and community members

Indicators of Success—by 2010:

- Create, implement and evaluate an annual professional development plan that assures access to training opportunities for all regions of Colorado
- Assure that all educators teaching health or working in health professions participate in at least one professional development opportunity annually
- Conduct and publish an annual assessment that tracks progress in meeting professional development goals
- Partner with institutions of higher learning to expand pre-service and in-service training opportunities for teachers in health topics



Marketing the Importance of Coordinated School Health

Marketing their message is the way school health advocates will win the hearts and minds of decision makers and consumers, generate excitement about the potential for improving the lives of children and youth and gain active and energetic support. While messages must be adapted to local audiences and circumstances, the basic message must remain clear and consistent: healthy students are better learners.

A compelling marketing message reflects the concerns, consensus and culture of the consumers to be served. "Consumers" include students as end-users of school health services, faculty and parents who should be encouraged to support school health programming and state and local policy makers who must understand the critical contribution of good health to academic achievement.



GOAL:

Engage education and health professionals, at all levels, in actively supporting school health efforts

Local Bold Steps

By 2010, local school districts will:

- 1 Conduct local market assessments to inform a strategic plan that promotes a cultural change in favor of school health
- 2 Adapt and use promotional materials to deliver messages consistent with statewide coordinated school health efforts
- 3 Target key groups (i.e., parents and school boards) to increase awareness and elicit active support
- 4 Establish student leaders who will communicate the importance of school health to policy makers and the media
- 5 Recruit articulate, credible local champions to raise awareness of the link between good health and academic success

State Bold Steps

By 2010, state partners will:

- 1 With local partners, design, implement and evaluate a statewide strategic marketing plan to educate state and local policy makers
- 2 Dedicate state resources to create and disseminate marketing tools adaptable to local social and cultural diversity
- 3 Provide training for local school health leaders in advocacy and marketing
- 4 Recruit articulate, credible champions to raise awareness among policy makers
- 5 Target Colorado businesses to generate funding for school health programs

Indicators of Success—by 2010:

- Increase the awareness among educators, parents and the community of health as an important determinant in academic performance and coordinated school health as an approach
- Develop a statewide marketing plan and disseminate marketing messages and toolkits to 50 percent of school districts
- At least 25 Colorado school districts will create a fund development plan for supporting local coordinated school health efforts



Evaluation and Monitoring of Programs, Policies and Practice

Through evaluation, school health programs improve and survive. By demonstrating results, school health advocates have evidence to convince administrators and policy makers of the continuing worth of programs and curriculum and to keep the momentum going in the community.

Evaluation methods need not be extensive or complex. Counting the numbers of students served, simple pre- and post-tests, satisfaction surveys and success stories can trump the success of a program and ensure its continuation.



GOAL:

Establish an ongoing systematic way to collect process and impact evaluation data on school health efforts and use these data to guide program decisions

Local Bold Steps

By 2010, local school districts will:

- 1 Adopt clear benchmarks for progress on health outcomes and coordination objectives
- 2 Conduct process evaluation to assure fidelity to best practices and research-based programs and curricula
- 3 Use evaluation results to engage in continuous quality improvement of programs
- 4 Annually monitor measurable goals and objectives for local priorities
- 5 Present evaluation outcomes to local school boards, administration and parents correlating positive changes in academic achievement

State Bold Steps

By 2010, state partners will:

- 1 Provide a “blueprint” that defines goals and objectives for coordinated school health
- 2 Develop benchmarks that address the eight school health components to assist local monitoring of health programs
- 3 Identify and disseminate best practices and outcomes evidence for coordinated school health
- 4 Secure additional resources and create incentives for local evaluation
- 5 Develop website-based evaluation resources

Indicators of Success—by 2010:

- Create an information platform that will include resources for evaluation of coordinated school health programs
- Create and disseminate tools and protocols on evaluation of coordinated school health programs
- Create a repository of best practices and evaluated results documenting the effectiveness of coordinated school health programs that draws a correlation between health and academic outcomes
- Systematically evaluate the achievement of indicators included in *Colorado Connections for Healthy Schools: A 2010 State Plan for Coordinated School Health*



WHY COORDINATE?

What Do We Know About the Health Problems of Colorado Students?

The Youth Risk Behavior Survey (YRBS) is an anonymous questionnaire conducted in randomly-selected high schools every other year. The survey tracks behaviors that contribute to poor attendance in school and limit concentration on academics.

During the fall of 2003, 757 students in 23 public high schools in Colorado completed the survey. Due to the low overall response rate (32 percent), the results of the 2003 survey were not representative of the students attending Colorado public schools. However, because the racial/ethnic makeup of students who completed the YRBS was similar to that of all Colorado students, survey results were still useful to community and state planners. A sampling of the results follows.



Behaviors that contribute to violence

- 17.1 percent of YRBS respondents carried a weapon (knife, gun or club) during the last 30 days;
- 4.8 percent of students carried a gun to school at least once in the last 30 days;
- 8.8 percent of students had been threatened or injured with a weapon on school property one or more times in the last 12 months; and
- 6.9 percent of students had not gone to school on one or more days (of the last 30 days) because they had felt unsafe at school or on their way to or from school.

Tobacco, alcohol and other drug use

Substance use among youth is a predictor of poor school performance. Use of drugs and/or alcohol can lead to dangerous behaviors, such as unprotected or unwanted sex or driving under the influence.

Tobacco

- 26.7 percent were currently smoking cigarettes in the last 30 days.

Alcohol

- 80.1 percent of students had ever consumed alcohol;
- 48.4 percent had used alcohol in the last 30 days; and
- 29.1 percent of students reported binge drinking (five or more alcoholic drinks on one or more occasions during the last 30 days).

Other Drugs

- 48 percent had ever used marijuana and 25.4 percent had used marijuana in the last 30 days;
- 7.4 percent had used cocaine in the last 30 days;
- 13.8 percent had ever tried inhalants, such as sniffing glue, or breathing aerosol or paint fumes;
- 5.6 percent had used inhalants during the last 30 days;
- 11.9 percent had ever tried methamphetamines; and
- 9.5 percent had ever tried ecstasy.

Diet and Physical Activity

Diet and physical activity are an important part of healthy behaviors and physical fitness.

- 10.9 percent of students were at risk for becoming overweight and an additional 9.5 percent of students were actually overweight;
- Only 46.1 percent were enrolled in a physical education class and 22.2 percent attended a physical education class daily; and
- 32.7 percent watched three or more hours of television per day on an average school day.

Sun Safety

Skin cancer can be prevented by limiting exposure to the sun, wearing protective clothing and using sunscreen.

- 59 percent of students reported that they never or rarely use sunscreen.



Case Example of a Successful Coordinated School Health Project

Pueblo District 60

Over the past 12 years, Bev Samek, Coordinated School Health Director Pueblo District 60, has created eight dynamic school health teams. What they have learned is that coordinated school health is a process — not a program. The success of coordinated school health is evident in the linkages between programs that previously operated in isolation of one another. Some examples are:

- When Pueblo 60 students take the state CSAP tests, they receive physical education prior to the test to facilitate brain-based learning (shown to stimulate effective test taking).
- To promote learning enhanced environments, all Pueblo 60 students receive breakfast at school — some in their classrooms — with free breakfasts provided to those students who are income eligible.
- Classroom teachers are encouraged to allow students to drink water throughout the day and the teachers actively participate in staff wellness programs.
- Pueblo 60 is working on improving its vending machines, promoting health-supporting policies and providing more integrated health and social services for its students through linkages with community-based agencies.

“What we’re trying to do is to create systemic change that connects with the whole infrastructure of how schools work. People are seeing that sitting in your chair learning only academics is not what makes our kids productive, healthy individuals who contribute to our society,” says Samek.

The process of developing a coordinated school health approach and school health teams is evolutionary. Initially, Pueblo’s CSH Director had outside support to create the district’s health infrastructure, including leadership training from the American Cancer Society. The Pueblo 60 District also received three years of support from the Colorado Trust to create school-based curriculum review teams that selected evidence-based health curricula for elementary, middle and high school

students. While grant support continues to sustain the CSH office, financial support for the school health teams is minimal. The teams annually receive only \$1000 in support funds, and they meet and conduct their work during school hours. Administrative support for CSH is strong at both the district and school levels.

Pueblo’s CSH program supports itself through the centralized management of a number of health-related programs: health education, physical education, school-based wellness centers, Title IV, Title X, Medicaid and Safe and Drug Free Schools and Communities. With district support, the school-based teams have created staff wellness programs, a K-12 comprehensive health education curriculum and monthly professional development trainings related to health topics.

Recognizing that Pueblo 60 students have problems with certain risk behaviors, the health advisory council organized a community forum demonstrating that these behaviors are community-wide problems that go beyond school boundaries. With the help of Pueblo’s 2010 Commission, community-based efforts have created a systemic, community-wide prevention effort to address these concerns. In the CSH Director’s words, “This process allowed us to communicate across the community about what we’re doing for our kids.”

Success breeds success. Each year, Pueblo 60 has garnered more support from both inside and outside of the schools and has involved administrators, school personnel, parents, community members and students. Program efforts are streamlined because they are coordinated and they can focus on improving both student health and education from a comprehensive point of view.

After 12 years, CSH has emerged as a value within the school district that continues to guide ongoing program development and student-focused programming. As Samek explains it, “All systems need to work together. That is why this effort is so huge. It can’t be just one person. Each person needs to know how they fit in.”

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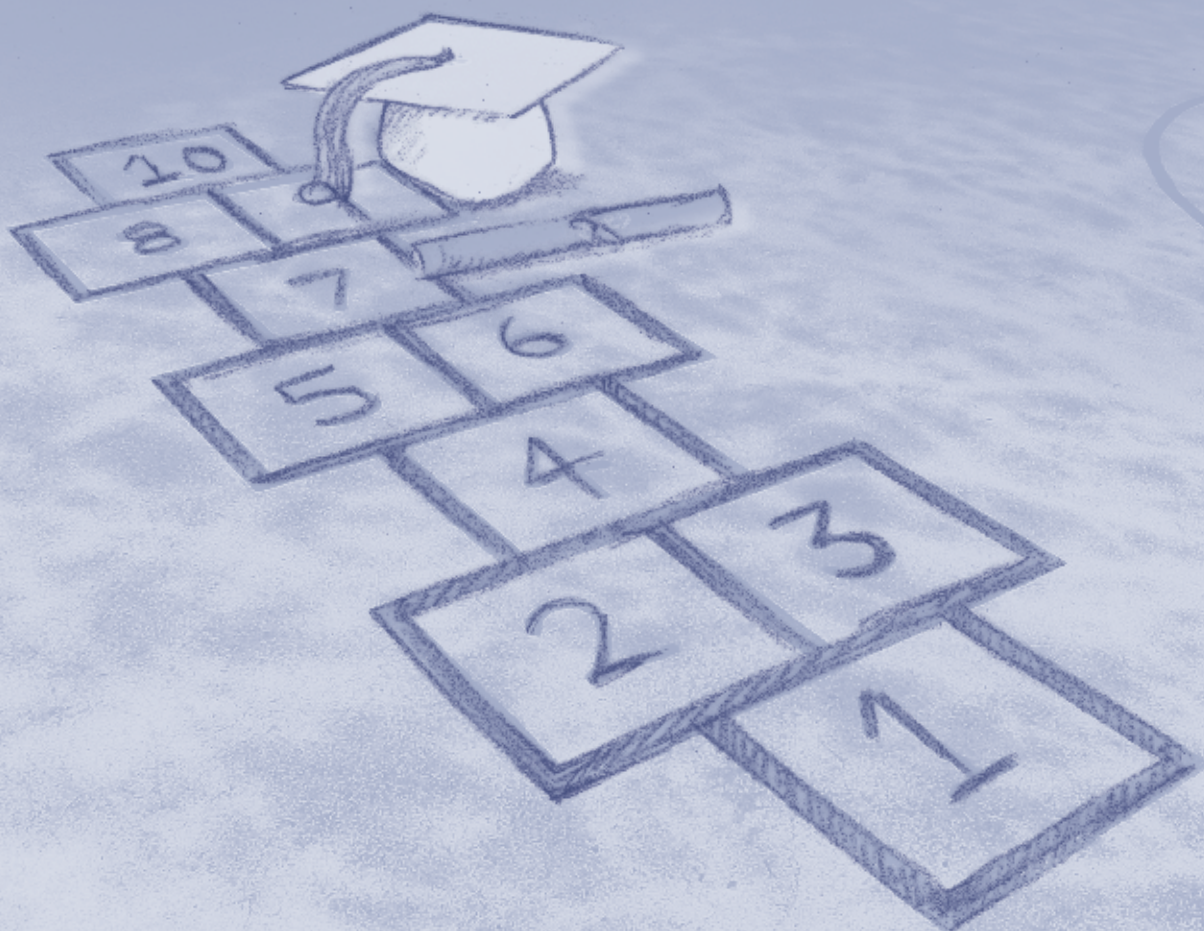


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